

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# K82624

FILED
Jun 20, 2007
Secretary of State

Entity Name: AUDIO EXCELLENCE, INC.

Current Principal Place of Business:

385 W MITCHELL HAMMOCK
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

1919 ELLMAN STREET
ORLANDO, FL 32804 US

New Mailing Address:

FEI Number: 59-2928013 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BAKER, SADIAH M.
385 W MITCHELL HAMMOCK
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BAKER, SADIAH M.,
Address: 385 W MITCHELL HAMMOCK
City-St-Zip: OVIEDO, FL 32765

Title: VP () Delete
Name: BAKER, NASER
Address: 385 W MITCHELL HAMMOCK
City-St-Zip: OVIEDO, FL 32765

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Change (X) Addition
Name: BAKER, MONSOUR M
Address: 1919 ELLMAN STREET
City-St-Zip: ORLANDO, FL 32803

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONSOUR M. BAKER

P

06/20/2007

Electronic Signature of Signing Officer or Director

Date